State:

District:

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only)).....

SCHEDULE B-P	
ITEMIZED DISBURSE	MENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)					: [PAGE 40 / 122					
	×	23		24		25		26		27a	
		27b		28a		28b		28c		29	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) DONALD J. TRUMP FOR PRESIDENT, INC. Full Name (Last, First, Middle Initial) Date of Disbursement AMTRAK Mailing Address 60 MASSACHUSETTS AVENUE NE 22 06 2015 City State Zip Code Transaction ID: SB23.6580 DC WASHINGTON 20549 Purpose of Disbursement TRAVEL: RAIL [JOST: SB23.6452] 101 Amount of Each Disbursement this Period Candidate Name Category/ 170.00 Type Disbursement For: 2016 Office Sought: House [MEMO ITEM] General Senate Primary Other (specify) President District: Full Name (Last, First, Middle Initial) B. AMTRAK Date of Disbursement Mailing Address 60 MASSACHUSETTS AVENUE NE 06 22 2015 City Zip Code Transaction ID: SB23.6581 WASHINGTON DC 20549 Purpose of Disbursement TRAVEL: RAIL [JOST: SB23.6452] 101 Amount of Each Disbursement this Period Candidate Name Category/ 191.00 Type Disbursement For: [MEMO ITEM] Office Sought: House Primary General Senate President Other (specify) District: Full Name (Last, First, Middle Initial) c. AON RISK SERVICES NORTHEAST, INC. Date of Disbursement Mailing Address 199 WATER STREET 05 2015 City State Zip Code Transaction ID: SB23.6239 NY 10038 **NEW YORK** Purpose of Disbursement TTW - INSURANCE Amount of Each Disbursement this Period Candidate Name Category/ 6933.00 Type Office Sought: Disbursement For: 2016 House Senate Primary General President Other (specify)

6933.00